



Incident Report

Print Date/Time: 12/28/2016 16:06

Login ID: ss0139

Lake Stevens Police Department

ORI Number: WA0311900

Incident: 2016-00025858

Incident Date/Time: 12/28/2016 5:58:00 AM
Location: SR 9 SE / 20TH ST SE
LAKE STEVENS WA 98258
Phone Number: (425) 273-7644
Report Required: Yes
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 2
Status: 2
Nature of Call: POSTED TO CITY WEBSITE

Unit/Personnel

Unit	Personnel
1914	SS0072-Aukerman
1915	SS0075-Christensen
1931	
1936	SS0112-Warbis
1947	SS0136-Shein

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	ALLEN, CORBIN		(425) 273-7644			
1	Involved Party	ROBERTS, DONALD K	17127 100TH ST SNOHOMISH WA 98290			Male	03/06/1979
2	Involved Party	BRUNELL, GUY W	1815 114TH DR SE LAKE STEVENS WA 98258	(253) 797-6164		Male	06/26/1980

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle	Passenger Car	2016	Chevrolet	Silverado		C41725H	WA
Involved Vehicle	Passenger Car	2008	Nissan	Maxima		AYY6123	WA

Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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CAD Narrative

12/28/2016 : 07:14:56 sp0233 Narrative: BOTH TOWS O/S

12/28/2016 : 07:14:34 sp0233 Narrative: BOTH TOWS O/S

12/28/2016 : 06:53:09 SP0246 Narrative: RESCUE TOW ENRT W/FLATBED, ETA 15 MINS

12/28/2016 : 06:52:29 SP0246 Narrative: MACKS TOW DOESNT HAVE A FLATBED

12/28/2016 : 06:51:50 SP0246 Narrative: 1915 - REQ TOW, WILL NEED FLATBED FOR NISSAN MAXIMA

12/28/2016 : 06:49:02 SP0291 Narrative: ****PT DOB /03061979

12/28/2016 : 06:41:59 SP0352 Narrative: TOPNOTCH ENRT OWNERS REQ

12/28/2016 : 06:40:29 SP0352 Narrative: OWNER REQ FOR TOPNOTCH FOR TRK , HVY FRNT END DAM, WILL PROB NEED FLATBED

12/28/2016 : 06:26:24 SP0246 Narrative: 1936

12/28/2016 : 06:12:52 SP0246 Narrative: WSP ADVISED

12/28/2016 : 06:11:35 SP0246 Narrative: 1915 - ASK WSP TO COME THROUGH WITH SAND/DE-ICER

12/28/2016 : 06:07:47 SP0288 Narrative: 1 GRN, POSS 1 RED, NO ENTRAPMENT

12/28/2016 : 06:06:02 SP0288 Narrative: 2 VEH BLKING SB LANE SR 9, SO 20TH ST SE, OCCUPANTS OUT OF VEH, INVESTIGATING

12/28/2016 : 06:00:11 sp0204 Narrative: LR204

12/28/2016 : 06:00:03 sp0204 Narrative: WHIT FORD F150 VS BLK NISSAN

12/28/2016 : 05:59:20 sp0204 Narrative: SOUTH OF 20TH ON SR 9, 2 VEH HEADON, BLKING SB LANES, 1 PERSON OUT OF VEHICLE, OTHER DRIVER TRAPPED INSIDE VEHICLE

COLLISION REPORT

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. **E625471**CASE # **2016-00025858**LOCAL AGENCY
CODINGTOTAL # OF
UNITS **02** OBJECT
STRUCK **GUARDRAIL**TRIBAL
RESERVATIONDATE OF COLLISION **12** - **28** - **2016** TIME (2400) **0559** COUNTY # **31** MILES **N** **E** **IN** **OF** **0664**ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒
SR9 BLOCK NO. **0** **1**
MILE POSTDISTANCE **100** **00** MILES ☒ **N** ☒ **E** ☒ **S** ☒ **W** OF (REFERENCE OR CROSS STREET) **S. LAKE STEVENS RD.**UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET ☒ YES ☐ NO ☐ PHONELAST NAME **ROBERTS** FIRST NAME **DONALD** MIDDLE INITIAL **K**STREET NEW ADDRESS **17127 100TH ST SE**CITY **SNOHOMISH** ST **WA** ZIP **98290**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # **ROBERDK218DF** STATE **WA** SEX **M** D.O.B. **03** - **06** - **1979**ON DUTY ☐ STATUS AIRBAG **6** RESTR. **4** EJECT **1** HELMET USE INJURY CLASS **5** NATURE OF INJURIES **INTERNAL INJURIES**LICENSE PLATE # **AYY6123** STATE **WA** VIN# **1N4BA41E18C808042**

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **2008** MAKE **NISS** MODEL **MAX4D** STYLE **SD** VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒REGISTERED OWNER INFO. **ROBIN WALTON 17127 100TH ST SE SNOHOMISH WA 98290**LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **PROGRESSIVE 909399929**VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGEUNIT 02 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET ☒ YES ☐ NO ☐ PHONE **D: 253796164**LAST NAME **BRUNELL** FIRST NAME **GUY** MIDDLE INITIAL **W**STREET NEW ADDRESS **1815 114TH DR SE**CITY **LAKE STEVENS** ST **WA** ZIP **98258**CDL RESTRICTIONS **J** ENDORSEMENTSDRIVER'S LICENSE # **BRUNEGW203L6** STATE **WA** SEX **M** D.O.B. **06** - **26** - **1980**ON DUTY ☐ STATUS AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE INJURY CLASS **1** NATURE OF INJURIESLICENSE PLATE # **C41725** STATE **WA** VIN# **1GCRNEH4G2412115**

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **2016** MAKE **CHEV** MODEL **SILVERA** STYLE **4C** VEHICLE TOWED YES ☒ NO ☐ TOWED BY **TOP NOTCH** GOVT. VEHICLE YES ☐ NO ☒REGISTERED OWNER INFO. **WINDOWS PELLA 15000 WOODINVILLE REDMOND RD WOODINVILLE WA 98072**LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **OLD REPUBLIC NTB-302387**VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGEOFFICER'S NAME (PRINT) **STEVE WARBIS** BADGE OR ID # **112** AGENCY **WA0311900**

PART A 3000-345-159 R (7/06)

PAGE 01 OF 3


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E625471**CASE # **2016-00025858**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

Unit 2 was traveling south on SR9 N.E. Unit 1 was traveling north on SR9 when it lost control due to ice on the roadway. Unit 1 crossed the centerline and was struck by Unit 2 in the southbound lanes. Driver of Unit 1 transported to the hospital. Both Units towed from the scene.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

STEVE WARBIS
12-28-16 10:22 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

C. CHRISTENSEN 0075
12/28/2016 10:49:25 AM

BADGE OR ID #

112

ORI #

WA0311900

TIME POLICE DISPATCHED

5:59 AM

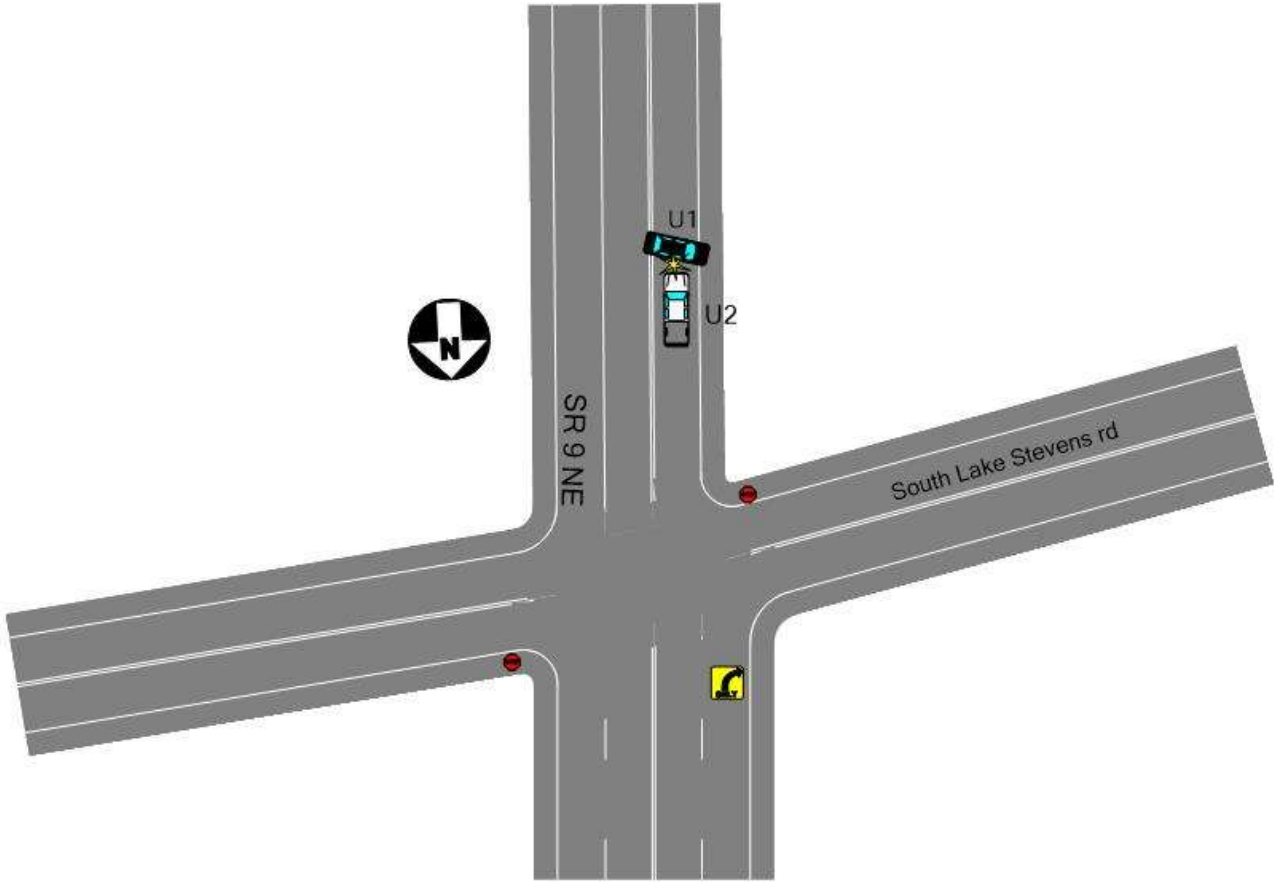
TIME POLICE ARRIVED

6:07 AM

REPORT NO. E625471

CASE # 2016-00025858

DATE AND TIME
OF COLLISION 12/28/16 05:59



TOW IMPOUND RECORD

CHECK ALL THAT APPLY:

- ☐ NON-IMPOUND / TOW
☐ AAA or OTHER ROADSIDE ASSISTANCE
☐ EVIDENCE
☐ SEIZED UNDER RCW 69.50.505
☒ IMPOUND ONLY
☐ DUI/PC IMPOUND WITH 12 HOUR HOLD
☐ DWLS IMPOUND WITH ____ DAY HOLD
☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER.
☐ REGISTERED OWNER MAY REDEEM _____
☐ CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER / LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.
☐ CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. DRIVER WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

UNIFORM WASHINGTON STATE

TOW / IMPOUND AND INVENTORY RECORD

CASE / EVIDENCE NUMBER

16-00025858

VEHICLE INFORMATION

VIN 1N4BA41E18C808042				
LICENSE A446123	STATE WA	YEAR 2008	MAKE NISSAN	MODEL MAXIMA
MILEAGE <input type="checkbox"/> Report of Sale <input type="checkbox"/> Digital		STYLE 4-DR	COLOR BLK	

DRIVER

NAME (LAST, FIRST, MI)
 ROBERTS, DONALD K
 STREET ADDRESS
 17127 100TH ST SE
 CITY, STATE, ZIP CODE
 SNOHOMISCH WA 98290
 PHONE
 3/6/79

REGISTERED OWNER

NAME (LAST, FIRST, MI)
 SAME
 STREET ADDRESS
 CITY, STATE, ZIP CODE
 PHONE

LEGAL OWNER

NAME (LAST, FIRST, MI)
 SAME
 STREET ADDRESS
 CITY, STATE, ZIP CODE
 PHONE

AUTHORIZATION AND RECEIPT

ON THIS DATE OF 12/28/16 AT 0647 (24 HOUR) PURSUANT TO RCW 46.55.085 / .113 AND HAVING PERSONALLY INVENTORIED THE
 ITEMS IN THE DESCRIBED VEHICLE, I HEREBY AUTHORIZE RESCUE TOWING 5745 008
 TO REMOVE THIS VEHICLE FROM SR 9 @ S. LAKE STEVENS RD (TOWING FIRM)
 I CERTIFY THAT I HAVE RECEIVED THE ABOVE VEHICLE AND ITS CONTENTS LISTED BELOW.
 TOW DRIVER'S SIGNATURE Bam DOL TOW TRUCK NO. _____ DATE _____

EQUIPMENT

- ☐ GLOVE BOX LOCKED
☒ KEYS []
☒ AUTO STEREO
☐ AUDIO TAPES / CD'S []
☐ CB RADIO
☐ RADAR DETECTOR
☒ TRUNK LOCKED
☐ SPARE TIRE
☐ JACK
☐ CHAINS
☒ OTHER PERSONAL

DAMAGE

- ☒ FRONT SHADE DAMAGED AREA
☐ R FRONT
☐ R SIDE
☒ R REAR
☒ L FRONT
☒ L SIDE
☒ L REAR
☒ REAR
☐ TOP
☒ UNDERCARRIAGE
☐ OTHER _____

EVIDENCE (DRIVER'S SIDE)

EVIDENCE (PASSENGER'S SIDE)

INVENTORY/EVIDENCE

NARRATIVE OR DIAGRAM

(List reason(s) for impound.)

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT. (RCW 9A.72.085)

OFFICER'S SIGNATURE X C. CHRISTENSEN

BADGE NO. 75

COUNTY, WA

DRIVER'S SIGNATURE CERTIFIES RECEIPT OF TOW/IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE.

DRIVER'S SIGNATURE X

SUPERVISOR



LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER 16-00025858VICTIM ☒ WITNESS ☐NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE) <u>Brunell, Guy William</u>	RACE <u>White</u>	ETHNICITY <u>M</u>	D.O.B. <u>4/26/80</u>	AGE <u>36</u>	HGT <u>5'7"</u>	WGT <u>265</u>	HAIR <u>Brown</u>	EYES <u>Brown</u>
STREET ADDRESS <u>1815 114th DR SE</u>			CITY			STATE	ZIP	
HOME PHONE		CELL PHONE <u>253 797 6664</u>		WORK PHONE <u>425 765 6907</u>				
EMAIL ADDRESS (OPTIONAL)				PLACE OF EMPLOYMENT <u>Pella Windows and Doors</u>				

STATEMENT:

I was head to work on South bound Hwy 9 just south of 20th st in Lake Stevens. The vehicle traveling north started to fish tail and as he swerved into my lane I tried to stop or go around but was unable to. We collided I believe I hit his vehicle on the rear passenger side.

the roads were icy this morning

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE:

DATE SIGNED:

Dec 28 2016

OFFICER/NUMBER:

DATE SIGNED:

12/28/16

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"